COMMENTARY

Putting women in the picture

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Despite well documented gender differences in the uptake, maintenance, and promotion of smoking and differences in patterns of smoking related disease, many smoking and health campaigns are still surprisingly gender blind. This paper describes how the issue of women and tobacco was put on the map in the United Kingdom, and how it led to the development of a cohesive national group based within Action on Smoking and Health (ASH) in Britain. It also explores the relation between key British and international initiatives and draws on the lessons learnt so far.

Four overlapping phases might usefully be defined to illustrate the history of the British group.

Before women existed

The Royal College of Physicians' first report *Smoking and Health* marked the beginning of the smoking and health era in 1962.[1] The 1960s and 1970s might be characterised as the decades when women, and their smoking and health problems, were neither seen nor heard. Although issues of gender inequality were avidly discussed by a revitalised women's movement, cigarette smoking was not an issue. In the 'seventies health educators "discovered" women, and the United Kingdom saw a series of mass media campaigns directed at smoking in pregnancy. Protecting the fetus was seen as synonymous to promoting women's own health – even though the campaign was directed at a minority of women. To be fair to the campaigners of the time, there had been little or no research on the effects of smoking on women's health; indeed, most longitudinal studies were in men and most intervention studies did not, on the whole, look for gender differences.

Indeed, this period was characterised by the assumption – usually implicit – that the world was conveniently divided into smokers and non-smokers (with occasional reference to ex-smokers) and that for the purposes of campaigning, women were not distinguishable from men.

The informal phase

The beginning of the second phase was marked by the publication of the world's first international analysis of the health effects and politics of women and tobacco: *The Ladykillers – Why Smoking is a Feminist Issue*.[2] This book, published at about the same time as the 1980 US Surgeon General's report *The Health Consequences of Smoking for Women*,[3] achieved very high levels of media coverage both nationally and internationally and radically shifted the focus of editorial coverage away from smoking in pregnancy towards women's own health. Its international impact was probably greater than that of the Surgeon General's report because of its active promotion and popular, readable style. It was followed by an equally populist book *Beating the Ladykillers*, published in 1988.[4] Women activists within the smoking and health movement were fired with enthusiasm for change, individually at first, and then collectively. The establishment of an active group was still one year away. Hostility and defensiveness characterised the reception given to the book by the smoking and health establishment and by the wider women's movement.

Against this backdrop an informal caucus of six British women – including myself – began to take shape in 1982. The Scots were the first to act. The springboard for action was the willingness of the then director of the former Scottish Health Education Group (SHEG), Dr David Player, who had been convinced that it was time to redress the gender imbalance and launch an initiative focusing specifically on women rather than on the fetus as before. He stated that he wished to obtain advice from our embryonic group on how to run it. We thus became known as the SHEG Consultative Group on Women and Smoking. We were a cohesive group that functioned well without the formality of a constitution or a chair and executive. We delegated work among ourselves effectively. But SHEG also commissioned its advertising research team to conduct some small scale, qualitative research at the same time, which was to inform the Scottish campaign. The researchers – who were men – concluded that women were more likely than men to be preoccupied with what they saw as the "trivial," day to day domestic tasks such as "getting the children to school," cleaning, and shopping. Our own advice suggested the contrary – that women's concerns were so deeply embedded in protecting their family's long term health, they were probably even more receptive than men to long term health arguments. The researchers, however, recommended that the campaign on women should focus on short term issues and not on longer term health concerns. In the event, changes in SHEG's leadership led to the campaign being scrapped. The first lesson we learned was that informality in a man's world leads to invisibility.

The marginal phase

The group maintained contact and supported mutual efforts to produce women centred

materials (some naive, some more sophisticated) and helped launch the first World Health Organisation (WHO)-sponsored international conference on women's health, which devoted a small corner of its activities to smoking and health. The fifth world conference on smoking and health in Winnipeg in 1983 helped recharge our batteries with the first major session ever devoted to smoking and feminism. It was probably the best attended session at the whole conference, with over 100 people from every continent in the world. The focus on women's issues at Winnipeg led many countries to take action on women and smoking – especially in Canada and Australia. The women from the United Kingdom felt that the time had come to learn from their mistakes in Scotland and proposed that a subcommittee of ASH on Women and Smoking be established. This was agreed by the ASH executive in 1984. The group's remit was a mixture of promoting discussion of relevant issues and promoting action to reduce smoking by women in the United Kingdom. We hoped that being integrated under the ASH umbrella would give the group a clearer, more authoritative voice for women within the smoking and health movement generally.

The group's convener, Dr Eileen Crofton, and its members were hardworking and produced a widely renowned *Handbook for Action on Women and Smoking*,[5] which led to a similar Canadian initiative sponsored by the Canadian government. The group slowly extended its network outside the traditional medical and health fields, and meetings became lively sessions for exchange of information on new research findings and educational initiatives. The group functioned largely as an autonomous unit within ASH. It was not involved in ASH's mainstream activities and ASH did not interfere with its work. After three or four years it was clear that the balance between the group's activist work and its information exchange function had shifted heavily towards information exchange. This was not what we had intended at the outset. We had hoped that the group would act primarily as a catalyst for action from within the smoking and health and women's movements. Although there had been a number of positive changes – such as more research on gender differences, the appearance of materials oriented towards women as well as men in smoking education programmes, and specific targeting of girls in educational materials for young women – there was still little evidence of real integration of gender issues into either ASH's work or that of other similarly national bodies. There was additional concern that the ASH Working Party on Women and Smoking had inadvertently become a "women's ghetto" where issues which should have been debated, and acted on much more widely, were aired only within the confines of "the converted few".

Formalising the work programme

In 1987 the seventh world conference on tobacco and health in Perth, Australia, marked a major change in direction for those supporting action on women, tobacco, and health. The conference saw the launch of an ambitious new idea: the International Network of Women Against Tobacco (INWAT), which was the inspiration of Deborah McClellan, Anti-Tobacco Coordinator of the American Public Health Association. It held its inaugural meeting in Australia against a world conference backdrop where nine out of 10 plenary speakers were men. Women (and a few men) from 60 countries and all continents of the world pledged to support the aims of INWAT, which are to reduce tobacco related disease in women around the world with special emphasis on freeing them from tobacco promotion.

The birth of INWAT created a new focus and wider purpose for the members of the ASH Women's Committee in the United Kingdom. But the momentum created by INWAT was insufficient. By the late 1980s it was clear that the nature of the UK group's work would have to change or it would risk losing momentum. We therefore agreed to use the obvious expertise of the group members more effectively, and we defined a work programme comprising a series of expert reports covering issues which were either controversial or required a proper scientific airing. This revitalised the group, which is still actively engaged in producing these reports. Two have been published so far – *Teenage Girls and Smoking*[6] and *Smoke Still Gets in Her Eyes*,[7] a survey of cigarette advertising policy and smoking and health coverage in women's media. The next report to be published shortly, *Her Share of Misfortune*,[8] is the first report to emerge from the smoking and health lobby of the United Kingdom that specifically attempts to address the class and ethnic divide in smoking and smoking related disease among women. Also in the pipeline are two further reports on smoking in pregnancy, and smoking and older women.

The reports published so far have been widely quoted in the media and have been used as a resource by large numbers of policy makers, health professionals, and some women's organisations. It addition to the expertise of the ASH group, we have raised money from independent sources outside ASH such as the English Health Education Authority (HEA), the British Medical Association (BMA), and the Cancer Research Campaign, to cover production, further research, evaluation, and dissemination costs.

The most recent phase in our "feminisation of tobacco control policy" has been to formalise further our relationship with our parent body, ASH. In a review of the last six years of our work it was clear that while good work had been done, there was no clear link with either ASH policy or ASH's decision making machinery. The group had essentially worked on its own. Despite able support from ASH's information officer, the convener and group members did nearly all of the group's work, including fundraising outside the organisation. At a time when ASH was itself under new leadership and undergoing a review of its

policies and practice, the ASH Working Party on Women also undertook to review its own work and its role in ASH's future.

We now have a much more clearly defined input into ASH's executive structure and have a designated ASH Officer, the ASH Women's Development Officer, part of whose job is to support the work and action of the ASH Women and Smoking Working Party. The group's convener is now a member of the ASH Executive Committee, and ASH's new director is also a member of the group. Communications have improved and the group plans to extend its research forum to wider audiences by holding seminars on key issues during the year. There is now evidence that the women and smoking "ghetto" is giving way to a more integrated approach to the issues. The campaign on the European Directive to ban cigarette advertising has incorporated the findings of our survey of women's media,[7] which has effectively been used by ASH, the BMA, and the HEA.

Perhaps our most significant achievement to date has been to involve the key organisations in the British anti-poverty lobby in a seminar to consult on our latest expert report *Her Share of Misfortune*, which explores the causes and action needed to sever the connection between women, smoking, and low income.[8] This is probably the first time in the history of the smoking and health campaign in the United Kingdom that organisations such as ASH and others that are committed to "single issue" campaigns have met with those with a much wider public health brief to discuss how social and fiscal policy might be used to promote women's health. It has also triggered a broader debate within ASH on how to tackle the glaring inequalities in smoking prevalence that are ingrained in British society. The work of the British group has fed into and been influenced by the growing international recognition of the importance of tobacco use in relation to women's health. The members of the group have featured strongly in INWAT's work and its second major meeting at the recent eighth world conference on tobacco or health held in Buenos Aires. INWAT's influence on the smoking and health movement is now apparent; its hard behind the scenes work before the conference led to a welcome increase in major presentations from women to 30%, compared with 8% at the seventh world conference. Its recommendations to the International Union Against Cancer (UICC) to produce an expert report was heard, and WHO, under the direction of Claire Chollat-Traquet, has also produced WHO's first, much needed if overdue report *Women and Tobacco*.[9] UICC through the farsighted offices of Michael Wood and the Ulster Cancer Foundation have taken a further step forward by convening the first international conference on women, tobacco, and health to be held in Northern Ireland this October.

Conclusions

The following conclusions can, so far, be drawn from the history and experience of the ASH Working Party on Women and Smoking in the United Kingdom.

- Informality in the face of a well organised bureaucracy or hierarchy does not further the cause of women's health. Formal relationships are required.
- The aim must be for integration both of the action as well as policies on women within the mainstream of smoking control policy. How this may be achieved differs from country to country, but it serves no useful purpose to maintain a select women's "ghetto" outside the mainstream of policy making. The price to be paid by such integration may be less firm links with women's organisations or other public health networks. Efforts must be made to avoid this division.
- Although the ASH Working Party on Women and Smoking has often taken a back seat in the policy making vehicle in the United Kingdom, it has ensured some continuity in research, information exchange, and action over the years. This has not always been achieved in other countries where higher profile campaigns have come and gone, creating an impression that women and smoking had "been done" last year, a bit like the stereotype of the North American who believes it is possible to "do Europe" in 10 days.

1 Royal College of Physicians. *Smoking and health. A report of the Royal College of Physicians*. London: Pitman Medical, 1962.
2 Jacobson B. *The ladykillers – why smoking is a feminist issue*. London: Pluto Press, 1981.
3 US Department of Health and Human Services. *The health consequences of smoking for women: a report of the US Surgeon General*. Washington DC: US Department of Health and Human Services, 1980.
4 Jacobson B. *Beating the ladykillers – why women smoke*. London: Gollancz, 1988.
5 ASH Women and Smoking Group. *Women and smoking. A handbook for action*. London: Health Education Authority, 1986.
6 ASH Working Party on Women and Smoking. *Teenage girls and smoking*. London: British Medical Association, 1991.
7 ASH Working Party on Women and Smoking. *Smoke still gets in her eyes*. London: British Medical Association, 1991.
8 ASH Working Party on Women and Smoking. *Her share of misfortune* (in press).
9 Chollat-Traquet C, *et al. Women and tobacco*. Geneva: WHO, 1992.